

F23000004479

Florida Department of State
Division of Corporations
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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

Fax Number : (813)436-5206

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

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2023 JUL 28 AM 10:26
STATE
TALLAHASSEE, FLORIDA

RECEIVED
2023 JUL 28 PM 1:05
DEPT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**FOREIGN PROFIT/NONPROFIT CORPORATION
E-BERK CORPORATION**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. E-BERK CORPORATION

(Enter name of corporation: must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

E-BERK USA CORPORATION

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware

(State or country under the law of which it is incorporated)

3.

(FEI number, if applicable)

4. 05/18/2020

(Date of incorporation)

5.

(Date of duration, if other than perpetual)

6.

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

333 S.E. 2nd Ave, SUITE 2000, Miami, FL 33131

7.

(Principal office street address)

16192 Coastal Highway, Lewes, DE 19958

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name:

Northwest Registered Agent LLC

Office Address:

7901 4th St N STE 300

St. Petersburg

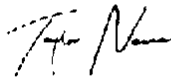
(City)

. Florida 33702

(Zip code)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

FILED
2023 JUL 28 AM 10:26
SECRETARY OF STATE

A. DIRECTORS

OZGUR SAVAS OZUDOGRU
☐ Chairman Name: _____
☐ Vice Chairman Address: **C/O NEAL N. CHILINGIRIAN**
15260 VENTURA BLVD.
☒ Director _____
☐ President **STE 960**
☐ Vice President **SHERMAN OAKS, CA 91403**
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

OZGUR SAVAS OZUDOGRU
☐ Chairman Name: _____
☐ Vice Chairman Address: **C/O NEAL N. CHILINGIRIAN**
15260 VENTURA BLVD.
☐ Director _____
☒ President **STE 960**
☐ Vice President **SHERMAN OAKS, CA 91403**
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

BURCU AYDIN OZUDOGRU
☐ Chairman Name: _____
☐ Vice Chairman Address: **C/O NEAL N. CHILINGIRIAN**
15260 VENTURA BLVD.
☐ Director _____
☐ President **STE 960**
☒ Vice President **SHERMAN OAKS, CA 91403**
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

BURCU AYDIN OZUDOGRU
☐ Chairman Name: _____
☐ Vice Chairman Address: **C/O NEAL N. CHILINGIRIAN**
15260 VENTURA BLVD.
☐ Director _____
☐ President **STE 960**
☐ Vice President **SHERMAN OAKS, CA 91403**
☐ Secretary ☒ Treasurer
☐ Other _____ ☐ Other _____

OZGUR SAVAS OZUDOGRU
☐ Chairman Name: _____
☐ Vice Chairman Address: **C/O NEAL N. CHILINGIRIAN**
15260 VENTURA BLVD.
☐ Director _____
☐ President **STE 960**
☐ Vice President **SHERMAN OAKS, CA 91403**
☒ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12. _____
 Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. **OZGUR OZUDOGRU, DIRECTOR**
 (Typed or printed name and capacity of person signing application)

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "E-BERK CORPORATION" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINTH DAY OF JUNE, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "E-BERK CORPORATION" WAS INCORPORATED ON THE EIGHTEENTH DAY OF MAY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

7975856 8300

SR# 20232712187

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203517070

Date: 06-09-23